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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748112

1. Corporation Name
PORT ST. LUCIE ATHLETIC ASSOCIATION, INC.

Principal Place of Business 342 NW IRVING ST P.O. BOX 8056 PORT ST. LUCIE FL 34985 US	Mailing Address 113 SW EYERLY AV. P.O. BOX 8056 PORT ST. LUCIE FL 34985
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	07/18/1979
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2462937
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent HUDMAN, DEWEY W. 113 SW EYERLY AV. PORT ST. LUCIE FL 34983	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTON, CHARLES C JR	1.2 NAME	
STREET ADDRESS	3093 SE TREASURE ISLAND RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRELL, DOUG	2.2 NAME	D SUE IGNEZLI
STREET ADDRESS	2049 SW DRIFTWOOD ST	2.3 STREET ADDRESS	2946 SW BOXWOOD CIR
CITY-ST-ZIP	PT ST LUCIE FL	2.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34985
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDMAN, DEWEY	3.2 NAME	
STREET ADDRESS	113 S.W. EYERLY AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, MIKE	4.2 NAME	
STREET ADDRESS	515 NW MARION AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRELL, B.J.	5.2 NAME	S D BEVERLY BAITSHOLTS
STREET ADDRESS	2049 SW DRIFTWOOD ST.	5.3 STREET ADDRESS	2558 SE OAKLYN ST
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	5.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34984
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, RAEANN	6.2 NAME	
STREET ADDRESS	399 NE GRAN DEUR AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEWEY W. HUDMAN Deputy W. Hudman 2-17-99 561-462-2802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)